AUTHORIZATION

Please indicate a binding commitment by Philip Morris to purchase the above Cigarette Smoker Consent Mailing/Questionnaire by signing the commitment below:

PHILIP MORRIS

_____
Name

_____
Title

_____
Date

_____
Amount Authorized

Please Return To:

Information Resources
30 Old Kings Highway South
Darien, CT 06820
Attn: Ms. Nancy W. Greeley

Fax Number: (203) 656-1908

2045380393

Source: https://www.industrydocuments.ucsf.edu/docs/hsgj0004